

Kentucky Board of Embalmers and Funeral Directors
8412 Westport Rd, Louisville, KY 40242 Office # 502-426-4589

Request for approval of accreditation
of Continuing Education

Date: _____

Requesting Organization: _____

Coordinator: _____ Title: _____

Address: _____

Telephone # _____ Date of Program: _____ Time of Program _____

Name of Program: _____

Location of Program: _____

Clock Hours of Course Anticipated: _____

Instructor(s): _____ Title: _____

Instructor's Credentials: _____

Description of materials to be covered: (A program schedule and outline, including times for all portions of the program and any breaks must be attached.) _____

Anticipated Licensees Attending: _____

Cost Per Person: _____ Person to Certify Attendance: _____

This form must be filed with the Board not less than thirty (30) days prior to the date of the program. Without adequate information, the Board cannot grant approval. Attach any additional information that would be helpful to the Board in determining approval. Any change in a program after approval is granted shall be approved by the Board. Failure to do so shall be grounds for revocation of approval.